

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 23 May 2022
Title:	Healthcare Governance Annual Report 2021-22
Responsible Director:	Jennifer Wilson, Nurse Director
Report Author:	Laura Parker, Nurse Directorate Business Manager

1. Purpose

This is presented to the Board for: Awareness

This paper relates to:

- Government policy/directive
- Local policy

This aligns to the following NHSScotland quality ambition(s): Safe, Effective and Person Centred

2. Report summary

2.1 Situation

The Healthcare Governance Committee provides an assurance report annually which sets out key achievements through the year in discharging its remit. The approved Healthcare Governance Committee report for 2021-22 and the annual self-assessment checklist is presented to Board Members to report on progress and provide assurance that the committee has delivered its remit.

2.2 Background

Each NHS Board Governance Committee is required to provide an annual report to Committee and the Board to provide assurance that the Committee has discharged its role as set out in the agreed Terms of Reference. The Committees' approved Terms of Reference and information on the composition and frequency of the Committee is considered as an integral part of the Board Standing Orders.

The Governance Committee annual reports are part of the overall assurance mechanism for the NHS Board and are considered by the Audit Committee in order to provide assurance in support of the Board's annual governance statement that the committees have fulfilled their remit.

Further to recommendation by internal audit, committees are now required to complete a yearly self-assessment checklist in addition to the annual report, to further support the review of committee effectiveness.

2.3 Assessment

The Healthcare Governance assurance report details the membership of the Healthcare Governance Committee and provides information on the activities of the Committee in the past year.

Key Messages

- The Committee regularly reviewed corporate level healthcare governance risks and identified cross-cutting healthcare governance issues and was provided with regular reports on the trends, themes and quality improvements arising from healthcare governance
- The Committee received regular reports of our local position against the national Healthcare Associated Infection (HCAI) Standards, as well as updates relating to Covid-19 outbreaks and assurance in terms of the enhanced Infection Control and Prevention oversight arrangements in place as a result of the Covid-19 pandemic.
- The committee continued to receive regular reports in relation to enhanced Care Home Oversight and support. Members acknowledged the speed at which this had been put in place and the positive impact in terms of improving care home residents' experience and reducing unnecessary hospital admissions.
- The Committee continued to receive regular reports on SAER, duty of candour and complaints performance. Of note the committee received a paper on the Maternity Services Adverse Event Framework and discussed the excellent work to develop and embed this national framework within Maternity Services, enabling the team to swiftly take forward the adverse event process as required. In relation to patient experience, a series of five "deep dive" papers covering the most common Complaint themes was submitted to the committee which enabled the organisation to make improvements through targeted actions. Committee members also endorsed the new SOP for Complaint Handling 2021-2024 which reflects the enhancements introduced in the last 12-18 months and aligns with the findings of the **Martin Review** – an external review commissioned to consider the Complaint Handling process in relation to a complex patient complaint.
- The Committee continued to receive updates in relation to the various QI SPSP programmes and were content to note that while work relating to HIS standards and key safety and improvement activities continued, some workstreams required to be paused due to reprioritisation of resources in the context of the Covid-19 pandemic.
- The committee approved the proposal for remodelling and enhancing leadership across NHSAA Child Protection Services under a new Public Protection Health Team with a robust accountability and reporting framework.
- The Committee received assurance that the work relating to the Rape and Sexual Assault (RSA) CMO Taskforce and the Forensic Medical Services Act

was progressing well and the Board was in a state of readiness to implement the full self-referral pathway from April 2022.

- Committee members received a number of annual reports covering a range of themes including: Infection Prevention and Control, Child Protection, Gender Based Violence, Adult Support and Protection, Patient Experience, Research, Development and Library Services. The committee also received the first annual Corporate Parenting Report and acknowledged the robust and focused approach being taken by the team to put the necessary arrangements in place to support the organisation to deliver its Corporate Parenting responsibilities.

2.3.1 Quality/patient care

Ensuring good governance in monitoring delivery of programmes across Ayrshire and Arran supports the effective delivery of quality, patient-centred services.

2.3.2 Workforce

This assurance report has no workforce implications for the organisation and enhances joint working across the NHS Board and Ayrshire Integration Joint Boards.

2.3.3 Financial

There are no financial implications.

2.3.4 Risk assessment/management

The annual report process ensures an assessment of committee business against the agreed Terms of Reference. This mitigates against the risk of any gaps in assurance and supports the NHS Board's annual assurance statement.

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed because this is an assurance reporting paper.

2.3.6 Other impacts

- Best value - Reporting ensures sound governance and accountability.
- Compliance with Corporate Objectives - Providing this assurance report supports compliance with objectives on quality, safety, improved patient experience and a learning organisation

2.3.7 Communication, involvement, engagement and consultation

This paper requires no engagement with external stakeholders.

2.3.8 Route to the meeting

The paper was presented to the Healthcare Governance Committee on 25 April 2022 and approved by members.

2.4 Recommendation

For awareness. Board members are asked to receive the report and note the progress of the Healthcare Governance Committee in 2021-22.

3. List of appendices

- Appendix 1 – Healthcare Governance Committee self-assessment checklist and Annual Report 2021-22
- Appendix 2 – Healthcare Governance Committee Terms of Reference

Healthcare Governance Committee Annual report for 2021-2022

Committee effectiveness checklist for 2021-2022

The Role and Work of the Committee	Yes / No / NA	Comments
The Committee has a clear understanding of its role and authority as set out in its terms of reference.	Yes	ToRs are updated annually and endorsed by the Committee prior to submission to NHS Board for approval.
The Committee undertakes an annual review of its remit and terms of reference and submits to the NHS Board for approval.	Yes	ToRs submitted to NHS Board for approval in March 2021 as per new process for approval of all committee ToRs.
The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently?	Yes	Membership during 2021-22 has been good, as demonstrated in the 2021-22 annual report. Effective planning and use of IT has been employed by the HGC secretariat in order to ensure that members are supported to attend meetings remotely due to the current ways of working.
In discharging its role, the focus of the governance Committee is on seeking and reviewing assurances rather than operational issues.	Yes	As demonstrated in our committee minutes, the focus of the HGC is very much on scrutiny and assurance and the committee does not have an operational focus.
Remit - the Committee discharges its role to provide assurance that systems and procedures are in place to monitor healthcare governance in line with the Board's statutory duty for quality of care.	Yes	As demonstrated in our 2021-22 annual report.
The Committee regularly reviews the strategic risks relevant to its remit and seeks assurance on mitigating controls and actions	Yes	Risk is a standing item on our HGC agenda
The Committee identifies further risk for consideration and escalation from the papers presented and discussion.	Yes	Yes, this is a core role of the committee in terms of scrutiny. The committee considers any matters for escalation to the NHS Board as part of its Agenda.

The committee receives internal audit reports relevant to its remit and monitors progress against recommendations.	Yes	The committee receives internal audit reports relevant to its remit and seeks assurance on progress against recommendations.
The Committee has visibility of the mechanisms that are in place to monitor all aspects of its remit.	Yes	The committee workplan is reviewed and approved by the Chair and Executive Lead and ensures oversight of all aspects of the committee remit via the various monitoring mechanisms that are in place.
The work of the Committee enables it to assure the Board that policies and procedures which are monitored, as relevant to the Committee's remit, are robust.	Yes	As above
The Committee links well with other Board committees and the Board itself, and opportunities are taken to share information, learning and good practice.	Yes	Matters are escalated to the Board as appropriate and Integrated Governance Committee provides a forum for any cross-cutting issues. Committee Chairs have the opportunity for sharing best practice and peer support at forums such as Board workshops and via 1:1 and peer sessions with the Board Chair.
The Committee produces an annual work plan.	Yes	This is a standing agenda item at all meetings to enable review and discussion as the work plan is responsive and evolves throughout the year.
The Committee periodically assesses its own effectiveness.	Yes	Effectiveness is assessed via the self-assessment checklist process.
Committee Meetings, Support and Information	Yes / No / NA	Comments
The Committee has a designated secretariat	Yes	
The committee meets regularly, at least four times a year, and this is set out in the Terms of Reference.	Yes	
The scheduling of those meetings is appropriate to meet the body's business and governance needs	Yes	Scheduling is carried out by the Board Secretary and Committee Secretariat to ensure an overview and effective planning of the corporate calendar.

The length of Committee meetings is appropriate to allow the Committee to discharge its role.	Yes	
Papers presented to the Committee are of a high standard and an effective format and ensure that members have access to appropriate information	Yes	
The Committee receives adequate information in relation to national policy and direction to enable it to fulfil its role and responsibilities.	Yes	The committee regularly receives papers on national policy and any emerging issues that are relevant to its remit.
The Committee agenda is well managed and ensures that all topics within the remit are considered.	Yes	The Agenda is well structured with regular standing items and a structured workplan which is approved by the Chair and Executive Lead.
The agenda and papers are circulated in advance of meetings to allow adequate preparation by committee members and attendees.	Yes	
Minutes are prepared and circulated as set out in the Terms of Reference.	Yes	
The Committee provides an effective annual report on its own activities.	Yes	
An action log/matters arising are well managed and indicate who is to perform what and by when.	Yes	
Committee Membership and Dynamics	Yes / No / NA	Comments
Chair and Membership of the committee has been agreed by the NHS Board and a quorum set	Yes	As demonstrated in the ToRs
A Vice Chair of the Committee has been proposed by the Chair and agreed by Committee.	Yes	
Membership of the Committee is appropriate with the correct blend of skills, knowledge and experience.	Yes	
All members of the Committee contribute to its deliberations on an informed basis.	Yes	
Committee members are offered an appropriate induction on joining and development opportunities to support them in undertaking their role.	Yes	This is done by discussion with the Committee Chair and the Exec Lead.

The leadership of the Committee by the Committee Chair is effective and supports input from all members.	Yes	
Committee members attend meetings on a regular basis and if not this is reported to the Board Chair for action.	Yes	
The Accountable Officer and other senior officers normally attend the committee as considered appropriate, as noted in the terms of reference.	Yes	
Support provided to the Committee by executives and senior management is appropriate.	Yes	

Annual Report for Healthcare Governance Committee 2021/22

1. Summary

- 1.1 The remit of the Healthcare Governance Committee is to provide assurance to the NHS Board that systems and processes are in place to monitor healthcare governance in line with the Board's statutory duty for quality of care.

The main topics covered during 2020/21 reporting period were categorised under Quality Improvement, Patient Experience, Patient Safety, Risk, Audit, Health and Social Care Partnership (HSCP)/Integrated Joint Board (IJB) Annual Clinical Care Governance Reports, Scrutiny Reports, SPSO Annual Assurance, Corporate Governance and Annual Reporting.

1.2 Key Messages

- The Committee regularly reviewed corporate level healthcare governance risks and identified cross-cutting healthcare governance issues and was provided with regular reports on the trends, themes and quality improvements arising from healthcare governance.
- The Committee received regular reports of our local position against the national Healthcare Associated Infection (HCAI) Standards, as well as updates relating to Covid-19 outbreaks and assurance in terms of the enhanced Infection Control and Prevention oversight arrangements in place as a result of the Covid-19 pandemic.
- The committee continued to receive regular reports in relation to enhanced Care Home Oversight and support. Members acknowledged the speed at which this had been put in place and the positive impact in terms of improving care home residents' experience and reducing unnecessary hospital admissions.
- The Committee continued to receive regular reports on SAER, duty of candour and complaints performance. Of note the committee received a paper on the Maternity Services Adverse Event Framework and discussed the excellent work to develop and embed this national framework within Maternity Services, enabling the team to swiftly take forward the adverse event process as required. In relation to patient experience, a series of five "deep dive" papers covering the most common Complaint themes was submitted to the committee which enabled the organisation to make improvements through targeted actions. Committee members also endorsed the new SOP for Complaint Handling 2021-2024 which reflects the enhancements introduced in the last 12-18 months and aligns with the findings of the **Martin Review** – an external review commissioned to consider the Complaint Handling process in relation to a complex patient complaint.

- The Committee continued to receive updates in relation to the various QI SPSP programmes and were content to note that while work relating to HIS standards and key safety and improvement activities continued, some workstreams required to be paused due to reprioritisation of resources in the context of the Covid-19 pandemic.
- The committee approved the proposal for remodelling and enhancing leadership across NHSAA Child Protection Services under a new Public Protection Health Team with a robust accountability and reporting framework.
- The Committee received assurance that the work relating to the Rape and Sexual Assault (RSA) CMO Taskforce and the Forensic Medical Services Act was progressing well and the Board was in a state of readiness to implement the full self-referral pathway from April 2022.
- Committee members received a number of annual reports covering a range of themes including: Infection Prevention and Control, Child Protection, Gender Based Violence, Adult Support and Protection, Patient Experience, Research, Development and Library Services. The committee also received the first annual Corporate Parenting Report and acknowledged the robust and focused approach being taken by the team to put the necessary arrangements in place to support the organisation to deliver its Corporate Parenting responsibilities.

2. Remit

2.1 The Committee's Terms of Reference are detailed at Appendix 2 to this report.

3. Membership

3.1 The Committee's membership during the reporting period was as follows:

Ms Linda Semple, Non-Executive Board Member (Chair)
 Mr Adrian Carragher, Non-Executive Board Member (Vice Chair)
 Mr Michael Breen, Non-Executive Board Member
 Ms Sheila Cowan, Non-Executive Board Member
 Cllr Joe Cullinane, Non-Executive Board Member
 Mrs Jean Ford, Non-Executive Board Member

Ex-officio Members/Board Advisors:

Professor Hazel Borland, Nurse Director and Deputy Chief Executive (Executive Lead)
 Mr John Burns, Chief Executive
 Mrs Lesley Bowie, Board Chair
 Dr Crawford McGuffie, Medical Director
 Mrs Joanne Edwards, Director for Acute Services
 Mrs Lynne McNiven, Director of Public Health

4. Meeting

4.1 The Committee met on seven occasions between 1 April 2021 and 31 March 2022.

4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (Y indicates attended).

Member	Dates						
	26/04/21	07/06/21	02/08/21	13/09/21	01/11/21	10/01/22	28/02/22
Linda Semple		Y	Y		Y (Part mtg)	Y	Y
Adrian Carragher		Y	Y	Y	Y (Part mtg)		Y
Michael Breen	Y (Part mtg)	Y	Y	Y		Y	Y
Sheila Cowan	Y	Y	Y	Y	Y	Y	Y
Joe Cullinane	Y (Part mtg)	Y			Y		
Jean Ford	Y	Y	Y (Part mtg)	Y (Part mtg)	Y	Y	Y (Part mtg)

5. Committee Activities

5.1 The Committee has ensured that the structure and format of the agenda during 2021-22 supported the key elements of healthcare governance and the efficient conduct of business.

The Committee also regularly reviewed corporate level healthcare governance risks and identified crosscutting healthcare governance issues to be tabled at the Integrated Governance Committee.

To support ongoing scrutiny, the Committee received the minutes of the following governance groups on a recurring basis:

- Prevention and Control of Infection Committee
- Acute Services Clinical Governance Group
- Area Drug and Therapeutics Committee
- Research, Development and Innovation Committee

Of note the Primary Care Quality and Safety Assurance Group is currently stood down and so no minutes were available during 2021/22.

5.2 The main purpose of the August meeting was focussed on scrutiny of the Annual Reports for:

- Patient Stories Annual Report
- Accountable Officer for Controlled Drugs Annual Report
- Area Drug and Therapeutics Committee Annual Report
- Patient Experience Annual Report
- Child Protection Annual Report
- Infection Prevention and Control Team Annual Report
- Prevention and Control of Infection Committee Annual Report
- Libraries Annual Report
- Research, Development and Innovation Annual Report
- Gender Based Violence Annual Report
- Adult Support and Protection Annual Report

Additionally the following Annual Reports came to the Committee out with the August meeting:

- Duty of Candour Annual Review
- Mental Welfare Commission visits Annual Assurance Report
- UNPAC Annual Report
- Organ Donation Annual Report
- Older People in Hospital Annual Report
- HSMR Annual Report
- Blood Transfusion Annual Report

5.3 Meetings have considered a wide range of information in respect of Healthcare Associated Infection and the Committee were provided with regular reports on the trends, themes and quality improvements arising from feedback, complaints, adverse events and litigation, and recommendations from the Scottish Public Services Ombudsman.

5.4 The Committee has been receiving regular updates regarding issues identified during 2021-22 in respect of the quality of patient care. This included the improvement work being taken forward in primary care, acute, maternity services and mental health services.

5.5 The committee receives assurance on progress against recommended actions following inspections/visits and/or from various external reports/reviews. During the course of 2021-22, the committee received assurance on progress against actions/recommendations from the Martin review, which related to learning from a complex complaint, the Ockenden Maternity Services Review and the Mental Welfare Commission report on use of mental Health Act during Covid-19 Pandemic.

5.6 During the year, clinicians and colleagues have attended the meetings to advise and present on their work to deliver both national and local strategies and patient safety programmes locally.

6. Priorities for 2022/23

6.1 Priorities for 2022/23 remain in line with those from 2021/22.

A key priority for the Committee through 2022/23 will be to support ongoing Covid-19 governance requirements. The Integrated Governance Committee will continue to provide a robust governance route for Covid-19 matters that cut across the organisation and other governance committees, without requiring changes to existing governance arrangements.

In line with the 'light touch' approach to governance that was introduced in recognition of whole system pressures during Winter 2021/22, some routine or non-essential reports were deferred and a focus for 2022/23 will be to reinstate these reporting cycles ensuring timeous reports to the committee, while remaining responsive to the pressures of the system and employing a 'light touch' approach when this is indicated.

- 6.2 The Committee will continue to focus on receiving evidence of organisational learning and demonstrable improvements in respect of themes and issues that have featured across the various reports presented in 2021-22. This will include a focus on assurance from Directorates and Partnerships in respect of the effective implementation of learning within services and across teams.
- 6.3 There is a requirement to ensure that systems are in place to understand the key contributory factors of key quality challenges arising from assurance processes and the Committee ensures plans are developed and implemented to address key strategic contributory factors.
- 6.4 There is a requirement to ensure that national improvement priorities/programmes are delivered locally, providing the Committee with assurance of sustainable improvement at scale.
- 6.5 There continues to be a requirement for the Committee to drive the reform of services to achieve high quality integrated health and social care services that are sustainable for the future and in line with our Caring for Ayrshire ambition.
- 6.6 In line with the Ayrshire and Arran Health and Care Governance Framework, the Committee will receive an annual report and minutes from the three IJB Health and Care Governance Committees for governance and assurance purposes.
- 6.7 There is a requirement to review clinical and care governance arrangements connecting the Committee to the Integration Joint Board (IJB) mechanisms and structure.

7. Chair's Comments

- 7.1 I would like to offer my thanks to members, secretariat and for those staff members who have worked on the Committee's behalf, for their continued commitment to the work of the Committee. In particular, I would like to thank Professor Hazel Borland for her work and leadership as Executive Lead for the Committee over the last seven years and to wish her well in her retirement. Additionally, I would like to offer thanks to Mr Robert Wilson, Infection Control Manager, for his leadership of the Infection Control Team during the Covid Pandemic and to wish him well in his retirement.
- 7.2 During this year, the Committee has focused on areas of known clinical risk, scrutinising the actions taken to deliver improvements and seeking assurances that there has been sustained focus on the implementation of improvement and learning. The Committee has been assured of the range of activity that staff have taken forward in response to the Covid-19 pandemic as well as business as usual activities. In particular, the Committee would like to note the work of the Infection Control Team for their continued hard work in responding to the Covid-19 pandemic, whilst continuing to meet governance requirements and provide assurance reporting to the Committee.
- 7.3 The Committee has identified the need to continue to review the systems in place to monitor all aspects of healthcare governance and be assured that issues are acted upon and escalated appropriately. This year, the Committee has continued to be reassured by reports that showed the robustness of the organisation's 'Pathway'

from identifying an issue, instituting improvements, monitoring impact and the flows through governance processes via the HGC to the NHS Board, ensuring that the latter can provide appropriate, timely and comprehensive assurance as required.

- 7.4 The Committee will ensure in the coming year that internal assurance mechanisms for healthcare governance align with the new external Quality of Care Framework, 'Caring for Ayrshire', NHS Ayrshire & Arran's own Quality Strategy: 'Excellence for Ayrshire', and all other relevant policy drivers.

Ms Linda Semple
Chair – Healthcare Governance Committee
06/04/2022

Healthcare Governance Committee Terms of Reference

1. Introduction

- 1.1 The Healthcare Governance Committee is established as a Committee of the NHS Board as described in the Board's Standing Orders. The approved Terms of Reference and information on the composition and frequency of the Committee have been informed by the Board's Standing Orders with specific reference to Section 9 Committees.
- 1.2 The Terms of Reference will be reviewed annually and submitted to the NHS Board for approval.

2. Remit

- 2.1 To provide assurance to the NHS Board that systems and procedures are in place to monitor healthcare governance in line with the Board's statutory duty for quality of care.

3. Duties

The Committee shall be responsible for the oversight of healthcare governance within NHS Ayrshire & Arran. Specifically it will:

- 3.1 Consider and scrutinise the health and care system's performance in relation to its statutory duty for quality of care, screening and immunisation programmes, as well as ensure appropriate remedial action takes place where required.
- 3.2 The areas over which the committee will look to gain assurance relate to but are not limited to the following:
- Infection control
 - Blood transfusion and organ transplant
 - Patient experience including complaints
 - Adverse Events
 - SPSP programme
 - Care home governance (added specially due to Covid19)
 - Quality Improvement
 - Child Protection
 - Adult Support and Protection
 - Mental Welfare Commission reports/performance against action plans
 - Gender based violence
 - Health and care in Health and Social Care Partnerships
 - Public Health
 - Duty of Candour
 - Unplanned Activity Exceptional Cases (UNPACS)

- 3.3 Hold the relevant staff of NHS Ayrshire & Arran to account in respect of their performance in relation to the system's duty for quality of care.
- 3.4 Review action taken by the lead directors on recommendations made by the Committee or the NHS Ayrshire & Arran Board on healthcare governance matters.
- 3.5 Provide assurance to NHS Ayrshire & Arran Board on the operation of healthcare governance within the health and care system in compliance with relevant national standards, highlighting problems and action being taken where appropriate.
- 3.6 Receive minutes and annual reports from the sub-committees established by the NHS Healthcare Governance Committee in order to provide assurance and accountability. The following groups/sub-committees report to Healthcare Governance Committee:
- Research and development committee
 - Prevention of infection and control committee
 - Area drug & therapeutics committee for Medicines governance
 - Controlled drug Accountable Officer team
 - Ethical Decision Making advice group
 - Organ donation committee
 - Area nutritional care strategic group
 - Acute services clinical governance
 - Public health
 - Partnership Clinical and Care Governance groups (as set out in the Ayrshire and Arran Integrated Health and Care Governance Framework)
 - NHS GBV (Gender Based Violence) Steering group
- 3.7 Monitor and review risks falling within its remit.

4. Authority

- 4.1 The Committee is authorised to investigate any matters which fall within its Terms of Reference and obtain external professional advice.
- 4.2 The Committee may establish sub-committees to support its functions.
- 4.3 The Committee is authorised to seek and obtain any information it requires from any employee whilst taking account of policy and legal rights and responsibilities.
- 4.4 The Committee will have the authority to require the attendance of any employee of NHS Ayrshire & Arran, as may be required.

5. Committee Membership

- 5.1 The Committee shall be established by the NHS Board and be composed of six Non-Executive members, one of whom is the Chair of the Area Clinical Forum.

- 5.2 The NHS Board shall appoint the Chair and approve membership of the Committee.
- 5.3 A Vice Chair will be proposed by the Healthcare Governance Committee Chair and agreed by Committee.
- 5.4 Committee membership will be reviewed annually or as required by the Board Chair

6. Quorum

- 6.1 Three Non-Executive members will constitute a quorum.

7. Attendance

- 7.1 The Nurse Director, Medical Director and the Director for Acute Services will attend in an *ex-officio* capacity to provide the Committee with advice and guidance. In addition, the Chief Executive, the Director of Public Health and the Health and Social Care Directors for each of the local authority areas will attend as appropriate.
- 7.2 The Committee may co-opt additional advisors as required
- 7.3 With the prior approval of the Chair, the Nurse Director, Medical Director, Director of Public Health and Chief Executive can provide deputies on an exceptional basis.

8. Frequency of Meetings

- 8.1 The Committee will normally meet bi-monthly but will meet at least five times per annum.
- 8.2 The Chair may at any time convene additional meetings of the Committee.

9. Conduct of business

- 9.1 Meetings of the Committee will be called by the Committee Chair.
- 9.2 The agenda and supporting papers will normally be available to members at least five working days before the date of the meeting.

10. Reporting arrangements

- 10.1 A minute will be kept of the proceedings of the Committee. A draft minute of the meeting will be circulated, normally within ten working days, to the Chair of the Committee. Once the Chair has approved, the draft minute will be shared with committee members for information, not for comment, prior to consideration at a subsequent meeting of the Committee.

- 10.2 The Chair of Committee shall provide assurance on the work of the Committee. A summary of key points from each meeting and the approved minute will be submitted to the NHS Board meeting for information.
- 10.3 Committee will conduct an annual review of its role and function by completing a self-assessment checklist and providing this and an annual assurance report to the NHS Board each year.
- 10.4 Items requiring urgent attention by the NHS Board can be raised at any time at NHS Board Meetings, subject to the approval of the Chair.

Version:	Date:	Summary of Changes:	Approved by
01.0	05/03/18	Addition of Vice chair arrangements	HGC 30/04/18 NHS Board 21/05/2018
02.0	03/08/20	Amended to align with the updated NHS Board Standing Orders	NHS Board 17/08/2020
02.1	31/08/20	Section 8 updated to reflect recommendations from the Internal Audit - Healthcare Governance Committee Review of assurance arrangements on areas of assurance and reporting committees. Addition of reporting arrangements section and in line with other NHS Governance Committee ToR. Issue of committee papers 5 working days before the meeting in line with other NHS Governance Committee ToR.	NHS Board 05/10/2020
02.2	11/01/21	Reviewed and endorsed without change, following the new process agreed in December 2020 to review ToR in Jan/Feb each year. Agreed by HGC 11/01/21	
03.0	09/03/21	Amendments to deliver a standard approach to Governance Committee ToR. <ul style="list-style-type: none"> • Sections reordered to bring committee business together, ie. Remit/Duties/Authority • Duplication removed if referred to in Board Standing Orders • Introduction amended to note that ToR are informed by the Board standing orders and the requirement for an annual review. • Reporting arrangements amended to 10 days for draft minute to be available and ensuring approved draft shared with members. Inclusion of requirement for annual self-assessment checklist in addition to the Annual Report. • No change to Remit or Duties 	NHS Board 29/03/2021
04.0	10/01/22	Annual Review of Terms of Reference – no changes made	NHS Board 28/03/2022